

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F94000004236 (5)**

1. Corporation Name

**ACCORD HUMAN RESOURCES, INC.**



Principal Place of Business <b>210 PARK AVENUE SUITE 1200 OKLAHOMA CITY OK 73102 US</b>	Mailing Address <b>210 PARK AVENUE SUITE 1200 OKLAHOMA CITY OK 73118-1400 US</b>
--	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/16/1994**

4. FEI Number

**73-1402191**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TUCKER, CRAIG M</b>	
STREET ADDRESS	<b>210 PARK AVE #1200</b>	
CITY-ST-ZIP	<b>OKLAHOMA CITY OK</b>	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HAGEMAN, DALE L</b>	
STREET ADDRESS	<b>210 PARK AVENUE #1200</b>	
CITY-ST-ZIP	<b>OKLAHOMA CITY OK</b>	

21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EDWARDS, CARL E JR</b>	
STREET ADDRESS	<b>210 PARK AVE #1200</b>	
CITY-ST-ZIP	<b>OKLAHOMA CITY OK</b>	

31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PRICE, FORD C JR</b>	
STREET ADDRESS	<b>210 PARK AVENUE #1200</b>	
CITY-ST-ZIP	<b>OKLAHOMA CITY OK</b>	

41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	

TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>FIEDLER, JAMES J</b>	
STREET ADDRESS	<b>210 PARK AVE #1200</b>	
CITY-ST-ZIP	<b>OKLAHOMA CITY OK</b>	

51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EDWARDS, EDWARD B</b>	
STREET ADDRESS	<b>210 PARK AVENUE #1200</b>	
CITY-ST-ZIP	<b>OKLAHOMA CITY OK</b>	

61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the individual or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Dale Hageman 4/20/98

(405) 222-2000

CR2E034 (10/97)